

Policy Term: _____

(800) 342-4403

Effective Date _____

VEHICLE INFORMATION:

Expiry Date _____

Year : _____

Make : _____

Model : _____

VIN : _____

State : _____

Name : _____

Policy Number : _____

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THIS IS A TEMPORARY CARD ONLY.

IN CASE OF AN ACCIDENT:

1. Obtain name and address of each driver, passenger, and witness.
2. Obtain name of insurance company, policy number, and license plate number for each vehicle.
3. Report to proper authorities and note the officer's name and badge number.
4. Do not express your opinion regarding who was at fault, sign any statement, or allow a recorded statement unless by an identified representative of your company or as required by the proper authorities.
5. Report to your Agent/Company as soon as possible.